

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035841

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1290

FILED SEP 25 1963

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>1451 E. High St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Austin</u> Last <u>Westmoreland</u> | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/5/1897</u> | 9. AGE (last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Joseph Westmoreland</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eva Litter Litten</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Pauline Westmoreland</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. INFORMANT <u>Pauline Westmoreland (Wife)</u> | |

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| 17. ADDRESS <u>Springfield, Mo.</u> | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant lymphoma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic lymphatic leukemia</u> | | <u>13 yrs.</u> |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>6:00</u> a.m. p.m. Month, Day, Year <u>Dec 1950</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Springfield, Missouri</u> |

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| 21. I attended the deceased from <u>Dec 1950</u> to <u>9/20/63</u> and last saw him alive on <u>9/20/63</u> Death occurred at <u>12:40</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <u>A. M. Klingner</u> (Degree or title) | 22b. ADDRESS <u>1630 N. Jefferson Springfield, Missouri</u> | 22c. DATE SIGNED <u>9-23-63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-23-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Klingner Funeral Home</u> ADDRESS <u>Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>9-24-63</u> | 26. REGISTRAR'S SIGNATURE <u>Pauline Westmoreland</u> |
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jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
12-2-63
10-11-63
10-11-63
10-21-63

ITEM NO. SHOULD READ
13b Eva Litter Litten
8 9-5-1897
9 66
17+16 Pauline - 702-97-7310
BY AFFIDAVIT OF General Director

MEDICAL CERTIFICATION DOCUMENT

OCT 31 1963

OCT 2 1963

9/20/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.